



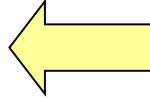
**LAKE HAVASU CITY
TEMPORARY SPECIAL EVENT LICENSE**
www.lhcaz.gov

\$11 Per Day

| | | | |
|---|--|---|------------------------|
| EVENT NAME _____ | | EVENT DATE(S) _____ | |
| BUSINESS NAME / DBA _____ | | | |
| MAILING ADDRESS _____ | | | |
| BUSINESS TELEPHONE _____ | | EMAIL ADDRESS _____ | |
| AZ RESALE TPT ID # _____ | | FEDERAL TAX ID _____ | |
| TYPE OF OWNERSHIP (CHECK ONE): <input type="checkbox"/> Association <input type="checkbox"/> Government <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> Partnership <input type="checkbox"/> Professional/Limited Liability <input type="checkbox"/> Corporation: _____ | | | |
| | | NAME OF CORPORATION | STATE OF INCORPORATION |
| DATE OF INCORPORATION _____ | | | |
| DESCRIBE BUSINESS IN DETAIL: _____ | | | |
| | | | |
| PRINCIPAL / OWNER NAME _____ | | Title _____ | Phone _____ |
| Home Address _____ | | City / State _____ | Zip _____ |
| | | Driver's License # _____ | State _____ |
| PRINCIPAL / OWNER NAME _____ | | Title _____ | Phone _____ |
| Home Address _____ | | City / State _____ | Zip _____ |
| | | Driver's License # _____ | State _____ |
| APPLICANT SIGNATURE _____ | | DATE _____ | |
| FOR ADMIN SVCS DEPT USE ONLY: DATE PAID _____ LICENSE # _____ EXPIRES _____ | | | |
| FIN-7 (12/28/18) | | CITY CODE CHAPTER 5.04 BUSINESS LICENSE | |



Lake Havasu City
Admin. Services, Business License
2330 McCulloch Blvd N
Lake Havasu City, AZ 86403
Ph: (928) 453-4153 Fax: (928) 855-0551



RETURN THE **ORIGINAL** OF THIS FORM
 WITH A **COPY** OF YOUR
 IDENTIFICATION
 TO THIS ADDRESS.

LICENSING ELIGIBILITY REQUIREMENT (ARS § 41-1080)

| | | | |
|--|-------------|--------------|---------------|
| FULL Name: | LAST | FIRST | MIDDLE |
| Business Address (as shown on business license or application): | | | |
| City, State, and ZIP Code: | | | |

On May 1, 2008, Governor Napolitano signed Laws 2008, Ch. 152 (House Bill 2745) into law. The new law contains a "licensing eligibility" section (Arizona Revised Statutes § 41-1080) preventing any licensing agency in the state of Arizona from issuing a (new or renewed) license to an individual unless the individual has provided the agency with one of the forms of identification listed in the law. View additional information about this requirement on the PRODUCERS page of the Department of Insurance Web Site (www.id.state.az.us).

To become or remain eligible for a license, complete this form, staple a photocopy showing both sides of your identification to the back and return to the address in our letterhead (top). Only provide **one** of the following forms of identification (mark an "X" next to the one you are submitting):

- 1. An Arizona driver license issued after 1996 or an Arizona non-operating identification license.
- 2. A driver license issued by a state that verifies lawful presence in the United States.
- 3. A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.
- 4. A United States certificate of birth abroad.
- 5. A United States passport.
- 6. A foreign passport with a United States visa.
- 7. An I-94 form with a photograph.
- 8. A United States citizenship and immigration services employment authorization document or refugee travel document.
- 9. A United States certificate of naturalization.
- 10. A United States certificate of citizenship.
- 11. A tribal certificate of Indian blood.
- 12. A tribal or bureau of Indian Affairs affidavit of birth.

By my signature below, I hereby certify, under penalty of perjury that the copy of the document I am providing is a true and accurate copy of the original document and that I am legally authorized to be present in the United States.

FULL SIGNATURE OF LICENSEE

DATE